

# RESELLER SEED TESTING ORDER FORM



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**BRANCH NAME:** .....

*Office use only*

**Lab No**

**GROWERS NAME:** .....

*Order Number (Mandatory)*

**GROWERS ADDRESS** .....

**EMAIL/FAX STATEMENT TO: 1)** ..... **2)** .....

**SEED TYPE:** ..... **SAMPLE ID:** .....

## CROP DETAILS

Sample Type	Treatment	Sample Size Required
<input type="checkbox"/> Header	Pickled <input type="checkbox"/> Yes <input type="checkbox"/> No	Cereals 1kg
<input type="checkbox"/> Processed / Cleaned	Coated <input type="checkbox"/> Yes <input type="checkbox"/> No	Pulses (if no disease testing) 1kg
<input type="checkbox"/> Reclean	Innoculated <input type="checkbox"/> Yes <input type="checkbox"/> No	Pulses (if disease testing Required) 2kg
<input type="checkbox"/> Retest	GMO <input type="checkbox"/> Yes <input type="checkbox"/> No	

## LOT DESCRIPTION

No. Bags	Bag Size (kg*)	Total Weight (kg)
.....	.....	.....
.....	Remainder .....	.....
	* If bulk write BULK	

## TESTS REQUIRED (Tick test required)

Standard Tests		Disease Tests	
Purity	<input type="checkbox"/> Yes <input type="checkbox"/> No	CMV	<input type="checkbox"/> Yes <input type="checkbox"/> No
Germination	<input type="checkbox"/> Yes <input type="checkbox"/> No	AMV	<input type="checkbox"/> Yes <input type="checkbox"/> No
1000 Seed Count	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bacterial Blight	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vigour	<input type="checkbox"/> Yes <input type="checkbox"/> No	Botrytis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Tests			

Samplers Name:..... Signature.....

Sample despatch date ..... Con note No: .....

*No samples will be processed if there is no order number.*